

NOTICE OF PRIVACY PRACTICES

(can also be found on our website helenando.com)

Effective: Jan 1, 2022

Helena Endodontics, Dr. Quinn Lybbert
2728 Colonial Drive, Suite 201, Helena, MT 59601
Phone:406-422-8588

Our Notice of Privacy Policy serves to cover services which are provided to you by our dental office. By law, we are required to maintain the privacy of protected health information. Our privacy policy provides you with our legal duties and privacy practices with respect to your protected health information. Protected health information includes demographic information, that may identify you and those which relate to your past, present or future physical and/or mental health or condition and related health care services. The enclosed Notice of Privacy Policy describes how we may use and disclose your protected health information when rendering treatment, collecting payment or with regards to other health care related operations. All other uses and disclosures of your protected health information will only be made with your expressed written consent, unless otherwise required by law. The Notice of Privacy Policy also describes your rights to access and control your protected health information. Further, it informs you of your rights to complain to us or the Secretary of Health and Human Services if you believe a violation of your privacy rights has occurred. We are required to abide by the terms of our Privacy Policy. The terms of our Privacy Policy may change at any time without prior notice. In these circumstances, the new Privacy Policy will be effective for all protected health information that we maintain at that time and going forward. Upon request, we will provide you with our revised Privacy Policy. To obtain a copy of our Privacy Policy, you may contact our office by, and ask our office manager, supervisor or owner dentist to request a revised copy of our Privacy Policy. We can provide you the updated Privacy Policy via mail or in person at the time of your next appointment.

NOTICE OF PRIVACY POLICY

This Notice of Privacy Policy describes how medical information related to you may be used and disclosed and how you can get access to this protected information. Please review this document carefully. If you have any questions regarding our Notice of Privacy Policy, please contact the office manager, supervisor or owner dentist to have your questions answered. By law, we are required to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Policy which outlines our legal duties and privacy practices with respect to your protected health information. Protected health information is information about you, including demographic information, that may identify you and relates to your past, present or future physical and/or mental health or condition and other related health care services. We are required to abide by the terms of this Notice of Privacy Policy which is currently effective. We reserve the right to change the terms of our Notice of Privacy Policy at any time without prior notice. When this occurs, the new Notice of Privacy Policy will be effective for all protected health information that we maintain at the time and going forward. We will provide you with any revised Notice of Privacy Policy. You can obtain a copy by calling our office and requesting a revised copy to be sent to you via mail or in person at the time of your next appointment.

USES OF YOUR PROTECTED HEALTH INFORMATION

Your protected health information may be used by our dentist for the purpose of treatment, payment and health care related operations, as described previously, without your authorization. Your protected health information may be used and disclosed by our dentist, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services. Your protected health information may also be used and disclosed to pay your health care bills and support the operation of our dental practice. The following are some examples of types of uses and disclosures of your protected health care information that our dental office is permitted to make without your expressed written authorization:

TREATMENT

Your protected health information can be used to provide, coordinate, or manage health care and any related services. This includes the coordination or management of your health care with a third party, consultation with other dentists or physicians, or referral to another dentist or physician for the purpose of diagnosis and treatment.

PAYMENT

Your protected health information can be used to obtain or provide care related payment as related to your dental services. This includes actions which your dental insurance plan may undertake to approve or pay for services which we recommend or rendered such as determination of eligibility or coverage for insurance benefits, reviewing services provided to you, and undertaking utilization review activities.

OPERATIONS

Your protected health information can be used in order to support the business activities of our dental practice. These activities include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualifications of professionals, insurance-related purposes, obtaining legal services or conducting compliance programs or auditing functions, business planning and development, business management and general administrative activities, such as compliance with the Health Insurance Portability and Accountability Act, resolution of internal grievances, due diligence in connection with the sale or transfer of assets of our dental practice, creating health information, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your treating provider. We may also call you by name in the waiting room when your treating provider is ready to see you. We may use or disclose your protected health information to contact you to remind you of your appointment. We reserve the right to share your protected health information with third parties who perform various activities, such as billing, transcription services, accounting services, legal services, for our dental practice. If

an arrangement is made between our office and a business associate which involves the use or disclosure of your protected health information, we will have a written contract which contains terms that will protect the privacy of your protected health information. We may use or disclose your protected health information, as necessary, to provide you with information about a product or service to encourage you to purchase or use the product to describe our participation in a dentist network or health plan network, or to describe if, and the extent to which, a product or service (or payment for such product or service) is provided by our practice or included in a plan of benefits, for your treatment, or for your case management or care coordination, or to direct or recommend alternative treatments, therapies, dentists, or settings of care. In addition, we may disclose your protected health information to another provider, health plan, or health care clearinghouse for limited operational purposes of the recipient, as long as the other entity has had a relationship with you. Such disclosures shall be limited to quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, case management, conducting training programs, accreditation, certification, licensing, credentialing activities, and health care fraud and abuse detection and compliance programs.

Other uses and disclosures of your protected health information will only be made with your written expressed authorization, unless otherwise permitted or required by law. You may revoke this authorization at any time, in writing, except to the extent that your dentist or dental practice has taken action in reliance on the use or disclosure indicated within the authorization.

USES OF YOUR PROTECTED HEALTH INFORMATION

Your protected health information may be used by our dentist for the purpose of treatment, payment and health care related operations, as described previously, without your authorization. Your protected health information may be used and disclosed by our dentist, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services. Your protected health information may also be used and disclosed to pay your health care bills and support the operation of our dental practice. The following are some examples of types of uses and disclosures of your protected health care information that our dental office is permitted to make without your expressed written authorization:

YOUR RIGHTS RELATING TO YOUR PROTECTED HEALTH INFORMATION

The following is a statement related of your rights with respect to protected health information along with an explanation of how you may exercise these rights. You have the right to inspect and copy your protected health information. You may inspect and obtain a copy of your protected health information which is contained in your chart, including medical and billing records and any other record that your dentist and dental practice uses for making decisions about your health. Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding and protected health information subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. If you have questions about access to your medical record, please contact our office manager, supervisor or owner dentist. You have the right to request a restriction of your protected health information. You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described henceforth. Your request must be in writing and state the specific restriction requested and to whom you want this restriction to apply. We are not required to agree to a restriction which you may request. If our dentist believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If our dentist does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction, except when it is needed in emergency situations. Please discuss any restriction you wish to request with the office privacy contact with our office manager, supervisor or owner dentist. You have the right to request to receive confidential communications from us by alternative means or at an alternative location and we will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other methods of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our dental office. You may have the right to have your provider amend your protected health information. You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. We reserve the right to deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and provide you with a copy of such rebuttal. Please contact our office to determine if you have questions about amending your medical record. You have the right to receive an accounting of certain disclosures we have made of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described within our Notice of Privacy Policy. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes, or disclosures for which you have signed an authorization. Keep in mind that the right to receive this information is subject to certain exceptions, restrictions and limitations. You have the right to obtain a paper copy of this Notice of Privacy Policy from us, upon request, even if you have agreed to accept the Notice electronically.

COMPLAINTS REGARDING YOUR PROTECTED HEALTH INFORMATION

If you believe your privacy rights have been violated, you may complain to us or to the Secretary of Health and Human Services. You may file a complaint with us by notifying our office of your complaint. We will not retaliate against you or disrupt your treatment for filing such a complaint. You may contact our office manager, supervisor or owner dentist for further information about the complaint process.